

# Criminal Abortion

## A Consideration of Ways to Reduce Incidence

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THE PROBLEM of criminal abortion shall remain essentially unchanged as long as we continue our current social attitudes, foremost among which is our refusal to speak about it. The intention of this presentation is to air the problem and its extensive ramifications in the belief that bringing it into the open is a prerequisite to solution.

It is apparent that abortion is part of our social mores although society steadfastly refuses to acknowledge this to be so. The taboo that is discernible surrounding illegal abortion is concerned more with talking about it than the actual act itself. It would appear that there is a rather direct derivation of attitudes concerning abortion from the prevailing attitudes towards sex in general. As an example, one might examine the position of masturbation in our culture. No one would deny its prevalence, nor could anyone deny the powerful silence that surrounds it.

Most persons, including those in professions concerned with the matter, react with amazement and disbelief when confronted with mounting evidence suggesting that one of every five pregnancies in this country terminates in illegal abortion. Difficult though it is to accumulate statistics on the subject, a surprising similarity has been noted in various studies made within the past 30 years.<sup>1</sup> If we are to accept the general trend observed, we have to consider the possibility that more than one million abortions will be done in the United States in 1960, and if we use Fisher's mortality estimate,<sup>2</sup> more than 5,000 women may die as a direct result.

The work of Gebhard, Pomeroy, Martin and Christenson,<sup>1a</sup> of the Kinsey group, provided new and illuminating insights into many facets of illegal abortion. The sampling used in their study was not designed to be representative of the population of the United States. It is possible, nevertheless,

• The problem of criminal abortion in the United States is of enormous magnitude, both in terms of incidence and of resultant morbidity and mortality. Several studies suggest that one of every five pregnancies terminates in criminal abortion, or a total of more than one million abortions for 1960, with a possibility of more than 5,000 deaths resulting therefrom.

The inadequate laws regarding therapeutic abortion in most jurisdictions contribute much to the problem. Tracing the origins of these laws provides additional clues concerning the development of this enigma.

Suggested answers to the problem include: (1) Broadening and clarifying therapeutic abortion laws to reflect current medical practice, yet provide stringent controls; (2) prevention of unwanted pregnancy through consultation centers for women, encouragement of contraceptive research and education of the public.

to discern certain meaningful trends, mostly representative of our urban population of higher educational attainment.

Some of the highlights of the Kinsey group's study were: (1) One of every three to four women having live births had one or more abortions; (2) the higher the educational level, the greater the tendency to seek abortion; thus white and negro unmarried women with a college education were found to have the highest abortion rate—well over 80 per cent; (3) illegal abortion is more a problem of married women having several children, contrary to the popular notion that it mostly involves illegitimate pregnancy. The more pregnancies a woman has had, the more likely she is to seek abortion. This agrees with the findings of Kopp<sup>1c</sup> in her study which was done 25 years earlier (see Figure 1); (4) a lower abortion rate was found in women relatively active in their religious groups.

Gebhard and coworkers were able to demonstrate that induced abortion did not result in the ill effects that had been so generally assumed by others. Statistically their material gave no evidence of any resultant sterility or damage to capacity for achieving orgasm. Other physical and psychological after-effects appeared less frequently than had been previously supposed. Preliminary findings

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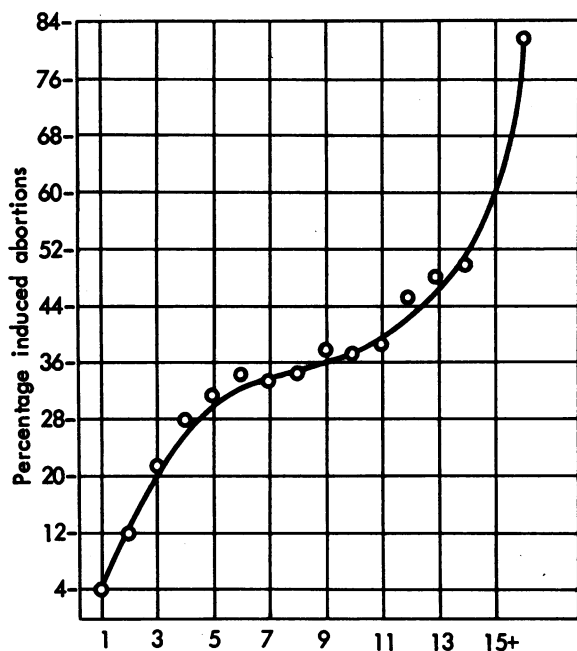


Figure 1.—Percentage of pregnancies terminating in induced abortion according to order of pregnancy, the numbers across the bottom indicating the number of pregnancies (after Kopp<sup>10</sup>).

of a study we are currently involved in suggest that moderate or severe psychiatric sequelae of induced abortion are indeed rare, most psychiatrists queried having encountered either none or very few cases—an insignificant figure when compared with the number of postpartum psychiatric illnesses, which, in a previous study by one of us,<sup>3</sup> was found to account for 2 per cent of female admissions to mental hospitals, or one in 500 births.

If the ill effects of induced abortion have been so grossly exaggerated, we must ask ourselves why. Might the answer be that this was part of the means of enforcing the taboo?

Induced abortion can be traced back as far as recorded history. It has been found in all societies with only very rare exceptions. The reasons for abortion have been legion, ranging from superstition and vanity on the one hand to very real physical and economic pressures on the other.

Our legal position can be traced to the Judaeo-Christian tenets; but our social attitudes, with all their contradictions appeared as far back as Hippocrates, who, although he exhorted against prescribing abortifacients, is recorded as having directed a rich entertainer, burdened with an inconvenient pregnancy, to leap into the air seven times with such vigor that her heels should touch her buttocks; and upon her doing this, the conceptus "fell onto the floor with a plop!"<sup>4</sup>

The foregoing contradiction is regularly reflected in current medical attitudes and behavior. While very few physicians are believed to be engaged in the performance of illegal abortions, a good many refer patients to illegal abortionists indirectly, and some directly, even in writing.<sup>5</sup> Although the majority of physicians probably have a reasonably tolerant attitude toward this practice, most of them scrupulously refuse even to discuss abortion with their patients. As Timanus<sup>5</sup> said, society "abandons the woman in her greatest need."

#### LAWS GENERALLY DISREGARDED

This contradiction is further reflected in our society as a whole and more specifically in our legal institutions, as will be described later. Although criminal abortion is labeled a felony, the abortees are almost never prosecuted and for professional abortionists the rate of prosecution is low and the rate of conviction even lower.<sup>6</sup> It is apparent that morals, religion and the criminal law offer little restraint when it comes to abortion, leading Taussig to remark that he knew "of no other instance in history in which there has been such frank and universal disregard for criminal law."<sup>1b</sup>

Guttmacher<sup>7</sup> states unequivocally "that the abortion laws in the United States make hypocrites of all of us." More than 90 per cent of the therapeutic abortions done at Mount Sinai Hospital in New York City did not fall strictly within statutory requirements "to preserve the life of the mother." Hospital authorities and physicians vary widely in their interpretation of the laws and their willingness to place themselves in jeopardy of prosecution. In a recent survey of California hospitals, 18 of 24 replied that therapeutic abortions were performed knowingly in violation of the law.<sup>8</sup>

Most physicians have conflicting feelings about recommending abortion to preserve the health of the patient. Physicians are entitled to laws that reflect current medical practice and opinion, in which "preservation of the mother's health" is accepted as indication for therapeutic interruption. If there was ever any doubt as to physicians' acceptance of criteria short of saving the mother's life, one has only to consider the question of rubella during early pregnancy (without wishing to become involved in the dispute over the incidence of congenital defects). When it was thought that a high incidence of defects occurred, the acceptance of this disease as a proper indication was quite generally held. Yet how could that possibly be construed as preserving the mother's life?

## THE LAW OF CRIMINAL ABORTION

### In general

"The law of this land has always held human life to be sacred, and the protection that the law gives to human life it extends also to the unborn child in the womb. The unborn child in the womb must not be destroyed unless the destruction of that child is for the purpose of preserving the yet more precious life of the mother."

The foregoing, which was excerpted from Mr. Justice Macnaughten's instructions to the jury in *Rex v. Bourne*<sup>9</sup> (1938) is a general statement of the law of criminal abortion as it now exists throughout most of the United States and a great part of the western world, including France, West Germany, Great Britain and most of the British Commonwealth nations. Latin American laws are somewhat more relaxed; there, mental deficiency, danger to a woman's health and pregnancy from sex offenses are lawful indications for therapeutic abortion. The Scandinavian nations, with Sweden leading, have for many years allowed even broader indications for therapeutic termination of pregnancy, going so far as to include eugenic reasons (severe hereditary taint), socio-medical grounds, and pregnancy in very young girls. Japan and the Soviet Union not long ago fully legalized induced abortion, providing that only skilled medical practitioners could perform the operation. This paper will not discuss in detail the attempts of foreign countries to deal with the abortion problem, but interested readers are directed to Gebhard,<sup>10</sup> Calderone<sup>11</sup> and numerous other studies published in the United States.<sup>12</sup>

### IN THE UNITED STATES<sup>13</sup>

The procurement or attempted procurement of an abortion by any means whatsoever has been declared in every state in the Union to be a felony. Each jurisdiction, however, has in one form or another an exception to the harsh prohibitory law (Table 1).

#### Statutory exception never interpreted in United States

In none of the forty-two states having the narrow exception has a court of law ever defined the scope of the words "to preserve the life of the mother." There is no legal precedent in any of these states giving assurance that preservation of a woman's health would be justification for inducing an abortion. On the other hand, although almost all therapeutic abortions are to protect the woman's health and are in clear violation of the law, there are no known prosecutions of licensed medical practitioners who, before terminating pregnancy, obtained either concurring medical opinion as to the

TABLE 1.—Legal Exceptions to Laws Prohibiting Abortion

	No. of States
To preserve life of mother.....	42
To preserve life or health of mother.....	3①
To save life of mother or to prevent serious or permanent bodily injury to her.....	2②
When physician is "satisfied that the fetus is dead, or that no other method will secure the safety of the mother."*	1③
Statute requires for violation that act be done:	
"Unlawfully"*	2④
"Maliciously or without lawful justification"*	1⑤
Total jurisdictions .....	51
① States: Alabama, Oregon, Washington, D. C.	
② States: Colorado, New Mexico.	
③ State: Maryland.	
④ States: Massachusetts, Pennsylvania.	
⑤ State: New Jersey.	

\*The few cases available indicate that these statutes would be applied liberally and reasonably to a licensed medical practitioner acting in good faith to preserve the life or health of the mother.

necessity of therapeutic abortion or permission from hospital boards.<sup>14</sup>

#### British court interprets statutory exception

There is but one noted judicial interpretation of the narrow exception, and that is to be found in the charge to the jury sitting in the famous English case of *Rex v. Bourne*.<sup>9</sup>

Dr. Alec Bourne, a leading obstetrician, openly and without fee, performed a therapeutic abortion on a 14-year-old girl who had been impregnated as a result of forcible rape by several soldiers. Dr. Bourne sought arrest and trial in order to obtain clarification of the law. He maintained that the girl would have become an emotional wreck if compelled to bear the child, and that a woman whose health is threatened by pregnancy should not have to be in the jaws of death before abortion could be lawfully performed. The court sustained the defense and the judge's instructions to the jury remain as the highest interpretation of the English statute, which specifies that abortion can only be performed to preserve the mother's life. The Bourne case has not been followed in the United States, as British judicial interpretation is only persuasive authority and not binding on American courts.

One cannot discuss the law of abortion without taking into account the historical moral and religious objective of protecting the unborn child, for this continues to be a major factor accounting for the law as it is today.<sup>15</sup>

#### Induced abortion considered immoral

There seems to be no doubt that in our present-day society a certain compassionate sympathy attaches to the potential child growing inside its mother, this sympathy increasing as the fetus becomes more human in form. Many regard its

subsequent destruction as being morally equivalent to murder, and as depriving the child of its inalienable right to live.<sup>15</sup> In addition, it is said by some commentators that broadening the abortion laws would encourage and give free license to illicit sexual intercourse, while others look upon the mere discussion of abortion as obscene.<sup>15</sup> American courts by and large seem to regard interference with propagation as a moral question involving a crime against nature.<sup>16</sup>

#### Religious background

Although induced abortion has been practiced by man for thousands of years, unequivocal moral and legal antipathy to abortion originated with the Hebrews, who were exhorted by God "to be fruitful and multiply."<sup>17</sup> The early Hebraic law underwent a gradual change until the renowned Spanish rabbi, Maimonides, provided, in his comprehensive code-book of Jewish law in 1168 A.D., for therapeutic abortion under the heading of self-defense.<sup>18</sup> When a woman's life was endangered by pregnancy, according to Maimonides, the fetus might be destroyed just as an attacker could justifiably be killed in self-defense. Although a current, authoritative "Jewish view" on therapeutic abortion would be difficult if not impossible to ascertain, there being no central religious authority for the Jews throughout the world, it is submitted that most contemporary Jewish Talmudic scholars do not consider the present law too liberal, and, by and large, probably would not strongly oppose a cautious broadening of the legal exception to the abortion statute.<sup>19</sup>

Protestantism, for the most part, is not opposed to the present exception to the prohibitory law, most Protestant authority holding that termination of pregnancy is not a problem for the church but should be handled by the physician, the individual patient and her clergyman, with primary consideration being given the mother.<sup>20</sup>

Catholicism, on the other hand, provides that any direct attack on the fetus is murder,<sup>20</sup> this attitude having been taken over unmodified by Christianity from early Judaism.<sup>21</sup> The Catholic physician has both the mother and the child as patients, and each has an equal right to live; he must attempt to save them both, and cannot choose between saving one or the other or of killing one to save the other; neither the physician nor the mother has the right to make such a choice.<sup>20</sup> Furthermore, to allow therapeutic abortion in some cases might encourage laxity, and it is better to have a few deaths from not inducing abortion than to have thousands of lives intentionally destroyed in the womb.<sup>20</sup> An evil action directly performed, it is held, is never lawful even though done to

produce a good result, and it is also sinful to administer otherwise innocent medical treatment with the intention that miscarriage result. The double effect theory provides, however, that if termination of pregnancy is merely "permitted to follow" from some absolutely necessary (medically) innocent act, the effect of which is in itself good, then that original act is not sinful. Examples of the application of this theory would be the surgical removal of a pregnant uterus for malignant ovarian tumor or an operation to control hemorrhage during pregnancy. In such cases the physician would intend to remove the cancer or to control the hemorrhage, and the indirect death of the fetus would only be "permitted." It should be noted, however, that in practice the double effect theory is rarely applied.<sup>22</sup>

#### OBJECT OF THE LAW IS TO PROTECT THE MOTHER

It is to be noted that although the historical objective of the law was to protect the unborn child in the womb,<sup>15</sup> modern interpretation clearly gives just as much if not more consideration to the health and safety of the mother. This is indicated by statute and case law in most jurisdictions in the United States.<sup>13</sup> Initially, the basic exception to the prohibitory law places preservation of the mother's life over that of the fetus.<sup>23</sup> Secondly, not only is the woman-abortee almost never prosecuted,<sup>24</sup> but the law allows her immunity from prosecution as an accomplice when her testimony is needed to convict the abortionist.<sup>25</sup> In addition, an attempted abortion is sufficient to fall within the substantive felony statute; miscarriage need not even result.<sup>26</sup> Furthermore, it is not even an element of the prosecution's case that the woman was in fact pregnant; it is enough that the abortionist believed her to be pregnant and performed an act upon her with the intention of terminating the pregnancy.<sup>27</sup> Thus, it is clear that the primary goal of the law today is to prevent death or injury to the mother. One might then ask: Is society in fact protecting the mother's welfare by maintaining stringent laws which drive her to illegal abortion? Is there not a lesson to be learned from the days of prohibition, when the indirect evils of the law far exceeded the evil at which the law was directed?

A fundamental requirement of reform is modification of the present unenforceable laws. Criminal abortion is undoubtedly stimulated by the pressure of these stringent laws, and also by having them loosely enforced. The needs of society have molded the law of abortion, through jurisprudential evolution, so that it tends to protect the health and safety of the mother; yet the severity of this law at the same time drives the very object of its protection

into the hands of the unskilled abortionist. Thus, maintaining statutes which do not receive public sanction and observance is detrimental to society, and further the weight of public opinion most probably favors a cautious relaxation of the present abortion laws. As has been seen in the Scandinavian countries, however, liberalizing the law will not completely eliminate illegal abortion as long as there are any restrictions at all, for no legislative decree will ever prevent unwanted pregnancies in women who cannot qualify for lawful abortion, yet are determined to abort. But this is certainly no reason for abandoning all attempts to prevent widespread termination of pregnancy by unskilled hands.

Criminal law cannot undertake to draw the line where religion or morals would draw it.<sup>28</sup> A substantial body of medical judgment and public opinion favors cautious relaxation of the law; and believes it is wrong to impose criminal punishment upon decent people in the name of morality.

#### Law inadequate for physicians

Qualified physicians, particularly obstetricians and gynecologists, cannot operate honestly within the framework of current abortion laws. The legal threat of prosecution pursuant to these laws hangs over their heads when in reality the community has no intention of punishing medical practitioners acting in good faith. The present statutory standard does not adequately answer the questions of physicians who decide that induced abortion is necessary for a patient. Hence, they are often uncertain about the consequences of terminating pregnancy. It is submitted that the law be brought into closer conformity with public need and the practices of reputable members of the medical profession; and, that the statute clearly set out what constitutes lawful therapeutic abortion, in order that physicians and surgeons have a good base for sound medical judgment.

#### SUGGESTED INDICATIONS FOR THERAPEUTIC ABORTION

The following legal guideposts for the medical profession are advocated by the authors and were concurred in by the 1960 Los Angeles County Grand Jury in its resolution to the California Legislature:

1. *Medical reasons*—Where termination of the pregnancy is necessary to preserve either the life or health (mental or physical) of the mother.

2. *Eugenic reasons*—Mental deficiency of the parents or the probability that a congenital disease or malformation will be passed on to the child.

3. *Humanitarian reasons*—Pregnancy occurring as a result of rape, incest or moral irresponsibility

of the female (very young or mentally incompetent).

An abortion statute embodying these ideas, with controls against possible abuses, has been drafted and submitted (by Mr. Leavy) to the 1961 California Legislature for its consideration.

Effective, uniform and realistic abortion laws should go far in our efforts toward greatly reducing illegal abortions. We should not be deluded into believing that the problem can be eradicated; but certainly substantial inroads can be anticipated, particularly with the organized help of the medical profession, which until now has only given lukewarm support because of the lack of sufficient alternatives in legal channels.

Stringent controls should be provided which would tend to broaden the base of responsibility and reduce the probability of abuses.

1. *Medical and eugenic reasons*—Such controls to be incorporated into the various state laws may well follow the model recommended by Packer and Gampell of the Stanford Law School.<sup>8</sup> This, in essence, would allow performance of therapeutic abortions by licensed medical practitioners in licensed hospitals. To qualify, a hospital would be required to maintain a regularly-meeting therapeutic abortion committee composed of at least two obstetricians, one internist, one psychiatrist and a fifth person; only when a majority believed termination of pregnancy to be "medically advisable" would therapeutic abortion be permitted. The use of hospital review boards has gradually developed out of need to spread the responsibility and obtain objective decisions for terminating pregnancy. This system has proved successful, and by and large, the decisions of review boards have been found to be less lenient than those arrived at by other methods.<sup>29</sup> It is submitted that imposition by law of this method of control is a necessary concomitant to broadening the abortion law.

2. *Humanitarian reasons: Jurists to determine facts*—Where pregnancy results from rape or incest, or from moral irresponsibility in the very young, the feeble-minded or other incompetents, and there are no medical indications for therapeutic abortion, it is submitted that the question of terminating pregnancy under a statutory exception should not be placed before a hospital committee or other medical authorities, but instead properly rests with local legal authority. Such a decision must necessarily be based upon a finding of fact as to the good faith of the mother's claim of forcible rape, statutory rape or incest, and should lie with a juridical trier-of-fact rather than in the confines of sound medical judgment. A magistrate or judge of a criminal court, for instance, after

hearing the prosecution's *prima facie* case to determine if a defendant shall be held for trial on a sex offense, might be empowered by the legislature to decree, upon request of the pregnant victim, that she be allowed an abortion. Furthermore, in cases where the defendant is not yet apprehended, the pregnant victim should be entitled to prove the facts of the sex offense in a brief civil proceeding, in order to obtain the same relief.<sup>30</sup>

#### PREVENTIVE MEASURES

Preventive measures are as important in dealing with criminal abortion as with any other medical problem. Suggested measures are:

1. *Consultation centers* similar to those in existence in Sweden where women with unwanted pregnancies may go for help. Social workers would be able to counsel women contemplating abortion. Most women contemplating abortion report a lack of anyone with whom these problems could be openly and honestly discussed. It is conceivable that with experienced counseling these women might ultimately find that they might wish to continue pregnancy to term. Other functions of such a center would include consideration of adoption, pointing out dangers of illegal abortion, and possibly aid to some clients in securing legal abortions and rendering whatever social service assistance that may be required at that period of stress.

2. *Research* should be stimulated and supported toward developing the "ideal" contraceptive—simple, acceptable and completely effective.

3. *Education of the public*—Sex instruction of children at levels understandable to them (and similarly for adults) is necessary to implement our goals. Such education must be thorough and continuous and include information on contraceptives, concepts of planned parenthood, therapeutic abortion, and criminal abortion with its possible attendant dangers.

It is worth stressing the importance of exposing the problem of criminal abortion, its extent, dangers and suggested remedies. It would have been impossible to make any strides in the fight against cancer, tuberculosis and venereal disease without bringing them into the open. Similarly, it is believed that our success in the campaign against criminal abortion will be directly proportional to the extent that the problem is aired. If the medical profession fails to assume the leadership in this campaign, it will be only a matter of time before an informed citizenry will cry out and demand the necessary changes in law. How many women must we allow to endure needless suffering and death in that precious interval of time?

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#### REFERENCES

1. (a) Gebhard, P. H., Pomeroy, W. B., Martin, C. E. and Christenson, C. V.: *Pregnancy, Birth and Abortion*, Harper and Bros., New York, 1958. (b) Taussig, F. J.: *Abortion, Spontaneous and Induced*, C. V. Mosby Co., St. Louis, 1936. (c) Kopp, M. E.: *Birth Control in Practice*, McBride and Co., New York, 1934. (d) Stix, R. K.: A study of pregnancy wastage, *Milbank Memorial Fund Quarterly*, 13:347-366, 1935.
2. Fisher, R. S.: *Criminal Abortion in Therapeutic Abortion*, edited by H. Rosen, Julian Press, New York, 1954.
3. Kummer, J. M.: Psychiatric contraindications to pregnancy with reference to therapeutic abortion and sterilization, *Calif. Med.*, 79:31-35, July 1953.
4. Guttmacher, A. F.: Therapeutic abortion in a large general hospital, *Surg. Clin. N. Amer.*, 37:459, April 1957.
5. Timanus, G. L.: Quoted in *Abortion in the United States*, edited by M. S. Calderone, Hoeber-Harper, New York, 1958.
6. Leavy, Z.: Criminal abortion: Facing the facts, *Los Angeles Bar Bulletin*, 34:355, Oct. 1959.
7. Guttmacher, A. F.: The law that doctors often break, *Redbook Magazine*, Aug. 1959, p. 24.
8. Packer, H. L., and Campbell, R. J.: Therapeutic abortion: A problem in law and medicine, *Stanford Law Rev.*, 11:417-455, May 1959.
9. (a) King's Bench Reports, 1:687, 1939. (b) All England Reports, 3:615, 1938. (c) *Law Journal King's Bench*, 108:471.
10. Gebhard, op. cit. note 1 (a), appendix (Russia, Japan, Sweden, Denmark, Iceland, Finland, Norway, England, Germany, France, Latin America).
11. Calderone, op. cit. note 5 (Norway, Denmark, Sweden).
12. (a) Aren: On legal abortion in Sweden et seq., *Acta. Obst. Gyn. Scand.*, 37 (1):5, 1958. (b) Williams, G.: *The Sanctity of Life and the Criminal Law*, Knopf, New York, 1957, p. 236. (c) *Abortion in Japan*, *Obst. & Gyn. Survey*, 10:145, 1955.
13. (a) Harper, F.: *Abortion Laws in the United States*, p. 87, Calderone, op. cit. note 5. (b) Gradwohl, L.: *Legal Medicine*, C. V. Mosby Co., St. Louis, 1954, p. 814. (c) op. cit. note 8.
14. Russell, K. P.: Sterilization and therapeutic abortion, *Clin. Obst.*, 1:967, 1958.
15. Model Penal Code, Tentative Draft No. 9 as approved by the American Law Institute, 1959, p. 148.
16. The law of criminal abortion: An analysis of proposed reforms, *Indiana Law Journal*, 32:193, 1957.
17. Guttmacher, op. cit. note 4.
18. Cohen, Rabbi A. E.: A Jewish View Toward Therapeutic Abortion, p. 166 of Rosen, op. cit. note 2 (citing Mishna Torah, Laws of Murder and Self-Defense, Ch. 1, Para. 9).
19. (a) Cohen, op. cit. note 18. (b) Therapeutic abortion in the light of the general and Jewish law, Harefuah, *J. Med. Assn. Israel*, Jerusalem—Tel Aviv, 55(8):192, Oct. 1958 (in Hebrew).
20. Rosen, op. cit. note 2, p. 161.
21. Guttmacher, op. cit. note 4.
22. *The Sanctity of Life*, op. cit. note 12(b) pp. 193-206.
23. (a) *Calif. Penal Code*, section 274. (b) See note 13.
24. *Sanctity of Life*, op. cit. note 22, p. 153.
25. (a) *Calif. Penal Code*, section 1324. (b) See note 13.
26. (a) *People v. Berger*, 131 Cal. App. 2d 127, 280 P.2d 136 (1955). (b) *People v. Gallardo*, 41 Cal. 2d 57, 257 P.2d 29 (1953). (c) See note 13.
27. (a) *People v. Wales*, 136 Cal. App. 2d 846 P.2d 305 (1955). (b) See note 13.
28. Model Penal Code, op. cit. note 15, pp. 150, 151.
29. Kummer, J. M.: Don't shy away from therapeutic abortion, *Medical Economics*, 37:165, April 11, 1960.
30. (a) Leavy, op. cit. note 6. (b) *Calif. Penal Code*, sections 860 et seq.